

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9	/		/				59						
10	/		/				60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14	/		/				64						
15	/		/				65						
16	/		/				66						
17	/		/				67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22	/		/				72						
23	/		/				73						
24	/		/				74						
25	/		/				75						
26	/		/				76						
27	/		/				77						
28	/		/				78						
29	/		/				79						
30	/		/				80						
31	/		/				81						
32	/		/				82						
33	/		/				83						
34	/		/				84						
35	/		/				85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			5				TOTAL DEP.						
TOTAL CLAIMS			8				TOTAL CLAIMS						